

## NEW STUDENT REGISTRATION FORM



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

H. Phone \_\_\_\_\_ C. Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Concerns \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email address \_\_\_\_\_

Work Address \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**How did you hear about our School?** \_\_\_\_\_

1. I know of no health reason, other than the information indicated on this form, why I or my child/children should not participate in any of the Tae Kwon Do, Lil' Dragons, and Martial Arts class activities, Cage Fitness, Yoga, Zumba and/or any other program provided by Kang's Black Belt Academy.
2. I hereby give my consent to Kang's Black Belt Academy & Personal Fitness Training, Inc., its instructors, employees or any Emergency Medical Personnel to administer necessary treatment to my child (named above) in the event of any emergency to transport him/her by ambulance if the situation warrants.
3. I understand that Tae Kwon Do, Lil' Dragons, and Martial Arts are sports involving physical contact and physical exercise. You Buyer and/or Student are aware that the student is engaging in physical exercise and self-defense instruction. It is always advisable to contact your physician before entering any program of physical fitness. The student is voluntarily participating in these activities.
4. I understand photographs and/or video of my child/children may be taken during class time and possibly used in promotional displays and the company website.
5. I understand that I as a parent/guardian/participant will not hold Kang's Black Belt Academy & Personal Fitness Training, Inc. responsible for any injuries incurred while at any facility or function run by same.

**I hereby acknowledge and represent that I have read the foregoing, understand its terms, and sign it voluntarily.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

### KANG'S BLACK BELT ACADEMY, INC.

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www.kangs.ninja

OFFICE USE ONLY	
1 <sup>st</sup> Appt. Scheduled: _____	____ Contract
2 <sup>nd</sup> Appt. Scheduled: _____	____ Attendance Card/Picture
Enrollment Conference: _____	____ Good Job Note
Reviewed Packet: _____	____ Gift Certificate for Referral